FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| - | OMB |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Numbe |

| OMB Number: | 3235-028 | | | | | | | | |
|--------------------------|----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours ner resnonse: | 0 1 | | | | | | | | |

APPROVAL

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* <u>Lee Stephen R</u> | | | | | | | | | | | | | | | elationship (eck all applic Directo | cable) | g Pers | son(s) to Iss 10% Ov Other (s | vner |
|--|---|------------|---|---------------------|---|---|----------|---------------------------------|--|--|------------------|---|--------------------|--|--|---|--|---|------------|
| (Last) (First) (Middle) 220 EAST FIRST STREET | | | | | | Date 0 | | Transa | action (Mor | nth/D | ay/Year) | _ | below) | below) Exec. V | | below) | | | |
| (Street) BETHLE | | | 18015 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Line) X Form filed by One Form filed by More Person | | | | | | | | e Repo | | | | | | |
| | | Tab | ole I - Nor | n-Deri | vativ | e Se | curities | s Acq | uired, C | Disp | osed o | f, or B | ene | eficiall | y Owned | | | | |
| Date | | | | nsactior n/Day/Y | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transac Code (Ir 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | (A) or 3, 4 and | 5. Amou Securitie Beneficia Owned F Reported | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | mount (A) or | | Price | Transact (Instr. 3 a | tion(s) | | | (111511.4) |
| Common | Stock | | | 02/0 | 01/200 |)7 | | | A ⁽¹⁾ | | 26,25 | 0 / | 1 | (1) | 120,593 | | | D | |
| | | - | Table II - | | | | | | ired, Di | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemee Execution I if any (Month/Day | Date, | Code (| | | | 6. Date Exe Expiration I Month/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | O N O | lumber | | | | | |
| NonQual. Stock Ontions | \$8.275 | 02/01/2007 | | | A ⁽²⁾ | | 22,500 | | (2) | 0: | 2/01/2017 | Commo Stock | n 2 | 2,500 | (2) | 22,50 | 0 | D | |

Explanation of Responses:

- 1. Grant of restricted shares under the OraSure Technologies, Inc. 2000 Stock Award Plan, with one third of the grant vesting on February 1, 2008, February 1, 2009, and February 1, 2010. Vesting shall cease upon voluntary termination of employment.
- 2. Grant of nonqualified stock options, vesting and exercisable over a four year period, with one-fourth of the options vesting on the first anniversary date of the grant and the remainder vesting ratably on a monthly basis, over the remaining 36 months. Vesting shall cease upon voluntary termination of employment.

Remarks:

Mark L. Kuna, As Attorney-In-Fact for Stephen R. Lee, (Power of Attorney previously

02/05/2007

filed)

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.